



Retail Vendor Incident Report

INCIDENT INFORMATION:

Today's Date: _____
Date of Incident: _____ Time of Incident: _____ AM / PM
Store Name: _____ WIC Vendor ID #: _____
Store Address: _____
Store Phone #: _____ Person making this report: _____
eWIC Card Number: _____

INCIDENT TYPE:

- ☐ Participant repeatedly attempts to purchase unauthorized foods and appears unaware of what foods are WIC authorized.
- ☐ Participant tried to return/exchange WIC foods for cash or credit.
- ☐ Participant used foul language and/or made threatening comments. Was the participant physically abusive?
Was store security or the local police department called?
- ☐ Other

INCIDENT DETAILS: Please provide as much information about the incident and attach a duplicate receipt if possible.

ACTION TAKEN: What action did your staff take?

WITNESS INFORMATION:

Witness Name: _____ Phone #: _____
Witness Name: _____ Phone #: _____

Return completed form by mail or fax:

Mail: Maryland WIC Program
201 W. Preston Street, 1st Floor
Baltimore, MD 21201

Fax: 410-333-5683